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# NOTICE OF ALLOWANCE AND FEE(S) DUE

7590

11/14/2005

R. Alan Burnett BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP Seventh Floor 12400 Wilshire Boulevard Los Angeles, CA 90025-1026 EXAMINER

TRAN, PHUC H

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PAPER NUMBER

2668

DATE MAILED: 11/14/2005

**ART UNIT** 

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/625.341      | 07/22/2003  | Henry Adam Sowizral  | 004524.P041C        | 8589             |

TITLE OF INVENTION: LINK QUALITY AGENT

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1400    | \$0             | \$1400           | 02/14/2006 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. <u>PROSECUTION ON THE MERITS IS CLOSED</u>. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

- A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.
- B. If the status above is to be removed, check box 5b on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.
- II. PART B FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571) 273-2885 or Fax

| appropriate All further cor                                                                                                                                                                 | respondence including the I<br>below or directed otherwise                                                                                         | Jatent advance or                                                                        | ders and noti                                                                                  | PUBLICATION FEE (if require fication of maintenance fees was new correspondence address;                                                                                                                                                                                                               | vill be mailed to the current                                                                                                                                                                                                                                                                                                                           | COffeshondence address as                                                                                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                                             | E ADDRESS (Note: Use Block 1 for                                                                                                                   | any change of address)                                                                   |                                                                                                | Note: A certificate of                                                                                                                                                                                                                                                                                 | mailing can only be used f                                                                                                                                                                                                                                                                                                                              | or domestic mailings of the                                                                                                                           |  |
|                                                                                                                                                                                             |                                                                                                                                                    |                                                                                          |                                                                                                | Note: A certificate of mailing can only be used for domestic mailings of the<br>Fee(s) Transmittal. This certificate cannot be used for any other accompanying<br>papers. Each additional paper, such as an assignment or formal drawing, must<br>have its own certificate of mailing or transmission. |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                       |  |
|                                                                                                                                                                                             | 590 11/14/2005                                                                                                                                     |                                                                                          |                                                                                                |                                                                                                                                                                                                                                                                                                        | •                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                       |  |
| R. Alan Burnett BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LI Seventh Floor 12400 Wilshire Boulevard                                                                                                |                                                                                                                                                    |                                                                                          |                                                                                                | I hereby certify that the States Postal Service vaddressed to the Mai                                                                                                                                                                                                                                  | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                                                                                                                                       |  |
| Los Angeles, CA 9                                                                                                                                                                           | 0025-1026                                                                                                                                          |                                                                                          |                                                                                                |                                                                                                                                                                                                                                                                                                        | <u> </u>                                                                                                                                                                                                                                                                                                                                                | (Depositor's name)                                                                                                                                    |  |
|                                                                                                                                                                                             |                                                                                                                                                    |                                                                                          |                                                                                                |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                         | (Signature)                                                                                                                                           |  |
|                                                                                                                                                                                             |                                                                                                                                                    |                                                                                          |                                                                                                |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                         | (Date)                                                                                                                                                |  |
| APPLICATION NO.                                                                                                                                                                             | FILING DATE                                                                                                                                        |                                                                                          | FIRST NAMEI                                                                                    | D INVENTOR                                                                                                                                                                                                                                                                                             | ATTORNEY DOCKET NO.                                                                                                                                                                                                                                                                                                                                     | CONFIRMATION NO.                                                                                                                                      |  |
| 10/625,341                                                                                                                                                                                  | 07/22/2003                                                                                                                                         |                                                                                          | Henry Adam Sowizral                                                                            |                                                                                                                                                                                                                                                                                                        | 004524.P041C                                                                                                                                                                                                                                                                                                                                            | 8589                                                                                                                                                  |  |
| TITLE OF INVENTION: L                                                                                                                                                                       | INK OUALITY AGENT                                                                                                                                  |                                                                                          | -                                                                                              |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                       |  |
| THEE OF INVENTION. E.                                                                                                                                                                       | and Court I Morni                                                                                                                                  |                                                                                          |                                                                                                |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                       |  |
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| APPLN. TYPE                                                                                                                                                                                 | SMALL ENTITY                                                                                                                                       | ISSUE F                                                                                  | EE                                                                                             | PUBLICATION FEE                                                                                                                                                                                                                                                                                        | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                                                                                        | DATE DUE                                                                                                                                              |  |
| nonprovisional                                                                                                                                                                              | NO                                                                                                                                                 | \$1400                                                                                   | )                                                                                              | \$0                                                                                                                                                                                                                                                                                                    | \$1400                                                                                                                                                                                                                                                                                                                                                  | 02/14/2006                                                                                                                                            |  |
| EXAM                                                                                                                                                                                        | IINER                                                                                                                                              | ART UNIT                                                                                 |                                                                                                | CLASS-SUBC LASS                                                                                                                                                                                                                                                                                        | ]                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                       |  |
| TRAN, I                                                                                                                                                                                     | РНИС Н                                                                                                                                             | 2668                                                                                     |                                                                                                | 370-252000                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                       |  |
| 1. Change of correspondence CFR 1.363).                                                                                                                                                     | e address or indication of "Fe                                                                                                                     | ee Address" (37                                                                          |                                                                                                | nting on the patent front page, li                                                                                                                                                                                                                                                                     | 1                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                       |  |
| _ ′                                                                                                                                                                                         | lence address (or Change of 22) attached.                                                                                                          | Correspondence                                                                           | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,              |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                       |  |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.                                              |                                                                                                                                                    |                                                                                          | registered attorney or agent) and the names of up to                                           |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                       |  |
| 3 ASSIGNEE NAME AND                                                                                                                                                                         | RESIDENCE DATA TO B                                                                                                                                | E PRINTED ON T                                                                           | L HE PATENT                                                                                    | (print or type)                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                       |  |
| PLEASE NOTE: Unless                                                                                                                                                                         |                                                                                                                                                    | low, no assignee                                                                         | data will app                                                                                  | ear on the patent. If an assign                                                                                                                                                                                                                                                                        | ee is identified below, the                                                                                                                                                                                                                                                                                                                             | document has been filed for                                                                                                                           |  |
| (A) NAME OF ASSIGN                                                                                                                                                                          | EE                                                                                                                                                 | (B                                                                                       | ) RESIDENC                                                                                     | CE: (CITY and STATE OR CO                                                                                                                                                                                                                                                                              | UNTRY)                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                       |  |
|                                                                                                                                                                                             |                                                                                                                                                    |                                                                                          |                                                                                                |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                       |  |
|                                                                                                                                                                                             |                                                                                                                                                    |                                                                                          |                                                                                                |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                         | Da                                                                                                                                                    |  |
| Please check the appropriate 4a. The following fee(s) are                                                                                                                                   |                                                                                                                                                    |                                                                                          | nted on the p                                                                                  |                                                                                                                                                                                                                                                                                                        | orporation or other private gi                                                                                                                                                                                                                                                                                                                          | oup entity Government                                                                                                                                 |  |
| Issue Fee                                                                                                                                                                                   | chelosca.                                                                                                                                          | 70                                                                                       | _ ′                                                                                            | in the amount of the fee(s) is en                                                                                                                                                                                                                                                                      | closed                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                       |  |
|                                                                                                                                                                                             | mall entity discount permitte                                                                                                                      | -d)                                                                                      | Payment by credit card. Form PTO-2038 is attached.                                             |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                       |  |
| Advance Order - # of Copies                                                                                                                                                                 |                                                                                                                                                    |                                                                                          | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                       |  |
|                                                                                                                                                                                             |                                                                                                                                                    |                                                                                          | Deposit Acc                                                                                    | ount Number                                                                                                                                                                                                                                                                                            | (enclose an extra                                                                                                                                                                                                                                                                                                                                       | copy of this form).                                                                                                                                   |  |
| _ ` `                                                                                                                                                                                       | (from status indicated above MALL ENTITY status. See                                                                                               | •                                                                                        | ☐ h Annlie                                                                                     | cant is no longer claiming SMA                                                                                                                                                                                                                                                                         | II FNTITV status See 37 (                                                                                                                                                                                                                                                                                                                               | 'FP 1 27(a)(2)                                                                                                                                        |  |
|                                                                                                                                                                                             |                                                                                                                                                    |                                                                                          |                                                                                                |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                       |  |
| NOTE: The Issue Fee and P interest as shown by the reco                                                                                                                                     | ublication Fee (if required) vords of the United States Pate                                                                                       | vill not be accepted<br>ent and Trademark                                                | d from anyone<br>Office.                                                                       | ny) or to re-apply any previousle other than the applicant; a reg                                                                                                                                                                                                                                      | istered attorney or agent; or t                                                                                                                                                                                                                                                                                                                         | he assignee or other party in                                                                                                                         |  |
| Authorized Signature                                                                                                                                                                        |                                                                                                                                                    |                                                                                          |                                                                                                | Date                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                       |  |
| Typed or printed name                                                                                                                                                                       |                                                                                                                                                    |                                                                                          |                                                                                                |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                       |  |
| This collection of informatic<br>an application. Confidentiali<br>submitting the completed at<br>this form and/or suggestions<br>Box 1450, Alexandria, Virgi<br>Alexandria, Virginia 22313- | on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. pplication form to the USPT is for reducing this burden, shinia 22313-1450. DO NOT 1450. | 11. The information 122 and 37 CFR O. Time will vary oould be sent to the SEND FEES OR C | on is required 1.14. This col depending up c Chief Infort COMPLETED                            | to obtain or retain a benefit by tellection is estimated to take 12 pon the individual case. Any conation Officer, U.S. Patent and D FORMS TO THIS ADDRESS                                                                                                                                             | the public which is to file (ar<br>minutes to complete, includi<br>omments on the amount of to<br>Trademark Office, U.S. Dep<br>S. SEND TO: Commissioner                                                                                                                                                                                                | d by the USPTO to process)<br>ng gathering, preparing, and<br>me you require to complete<br>partment of Commerce, P.O.<br>for Patents, P.O. Box 1450, |  |

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| 10/625,341                     | 07/22/2003                                  | Henry Adam Sowizral  | 004524.P041C           | 8589             |  |
| 7                              | 590 11/14/2005                              | EXAMINER             |                        |                  |  |
| R. Alan Burnett                |                                             | (A.T.) (A.N.) (A.T.) | TRAN, PHUC H           |                  |  |
| BLAKELY, SOKO<br>Seventh Floor | OLOFF, TAYLOR & Z                           | ART UNIT             | PAPER NUMBER           |                  |  |
| 12400 Wilshire Bo              | oulevard                                    | 2668                 |                        |                  |  |
| Los Angeles, CA                | 90025-1026                                  |                      | DATE MAILED: 11/14/200 | 5                |  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 166 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 166 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.